FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:14

DOCUMENT # K13842 (5)

1. Corporation Name
CHANTICLEER HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
C/O EVANS CRARY, JR. 555 COLORADO AVE STUART FL 34994	C/O EVANS CRARY, JR. 555 COLORADO AVE STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1988
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: 58-1770365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVENUE
SUITE 1
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☒ Change ☐ Addition
NAME	EVINRUDE, FRANCES L	1.2 NAME	STUART, Frances L.	
STREET ADDRESS	2560 PALMER ROAD	1.3 STREET ADDRESS	2460 Palmer Road	
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	Jensen Beach, FL	
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	STUART, HAROLD C	2.2 NAME	STUART, Harold C.	
STREET ADDRESS	4590 E 29TH ST	2.3 STREET ADDRESS	2460 Palmer Road	
CITY-ST-ZIP	TULSA OK	2.4 CITY-ST-ZIP	Jensen Beach, FL	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	CRARY, EVANS JR.	3.2 NAME	Crary, Jr., Esq., Evans	
STREET ADDRESS	555 COLORADO AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evans Crary Jr. 2/7/95 407-287-2600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
EVANS CRARY JR
Date Daytime Phone #

0360436 CP